



Supplemental Application Data Sheet

Application Information

Application number::	10/695265
Filing Date::	10/27/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1634
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS FOR DRUG DISCOVERY, DISEASE TREATMENT, AND DIAGNOSIS USING METABOLOMICS
Attorney Docket Number::	MBZ-001CP
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rima
Family Name::	KADDURAH-DAOUK
City of Residence::	Belmont
State or Province of Residence::	MA
Country of Residence::	US

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/421226	10/25/02
This Application	Continuation-in-part of	09/835119	04/13/01
09/835119	An application claiming the benefit under 35 USC 119(e)	60/239541	10/10/00
09/835119	An application claiming the benefit under 35 USC 119(e)	60/239340	10/11/00
09/835119	An application claiming the benefit under 35 USC 119(e)	60/197117	04/14/00
09/835119	An application claiming the benefit under 35 USC 119(e)	60/197085	04/14/00

Assignee Information

Assignee name:: METABOLON, INC.
Street of mailing address:: P.O. Box 110407
City of mailing address:: Research Triangle Park
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27709

Street of mailing address::	4 Ross Road
City of mailing address::	Belmont
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02478
<u>Applicant Authority Type::</u>	<u>Inventor</u>
<u>Primary Citizenship Country::</u>	<u>US</u>
<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Bruce</u>
<u>Family Name::</u>	<u>KRISTAL</u>
<u>City of Residence::</u>	<u>White Plains</u>
<u>State or Province of Residence::</u>	<u>NY</u>
<u>Country of Residence::</u>	<u>US</u>
<u>Street of mailing address::</u>	<u>801 Mamaroneck Ave., Apt. 103</u>
<u>City of mailing address::</u>	<u>White Plains</u>
<u>State or Province of mailing address::</u>	<u>NY</u>
<u>Postal or Zip Code of mailing address::</u>	<u>10605</u>

Correspondence Information

Correspondence Customer Number::	00959
----------------------------------	-------

Representative Information

Representative Customer Number::	00959
----------------------------------	-------